

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041431

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 315Primary Registration District No. 4280Registrar's No. 31

STATE FILE NUMBER

FILED NOV 1 1962

1. PLACE OF DEATH

a. COUNTY Wrightb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Hart TownshipLength of stay in lb
Lifetimec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HomeInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY Wrightc. CITY OR TOWN MansfieldInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rt. 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JessieVeritaJones

4. DATE OF DEATH

Month

Day

Year

October251962

5. SEX

F

6. COLOR OR RACE

W7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar. 2, 1931

9. AGE (last birthday)

31

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mansfield, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William E. Lakey

13b. MOTHER'S MAIDEN NAME

Ruth Keys

14. NAME OF HUSBAND OR WIFE

James P.15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

James P. Jones, Rt. 1 Mansfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 wk -

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive failure2 mos.

DUE TO (c)

Bright's Disease?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/13/62 to 10/19/62 and last saw her alive on 10/19/62
Death occurred at 7:30 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert L. Sample MD

22b. ADDRESS

Mansfield, Missouri

22c. DATE SIGNED

10/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

October 28-62

23c. NAME OF CEMETERY OR CREMATORY

Wolf Creek

23d. LOCATION (City, town, or county)

Wright County

STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Max L Miller Mansfield, Mo.

25. DATE RECD. BY LOCAL REG.

10-31-1962

26. REGISTRAR'S SIGNATURE

Bonnie J. Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Miller

Licensed Embalmer No. 4720

P. O. Address Manassas Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.